

114TH CONGRESS  
2D SESSION

# S. 2873

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IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 29, 2016

Referred to the Committee on Energy and Commerce

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## AN ACT

To require studies and reports examining the use of, and opportunities to use, technology-enabled collaborative learning and capacity building models to improve programs of the Department of Health and Human Services, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1   **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Expanding Capacity  
3   for Health Outcomes Act” or the “ECHO Act”.

4   **SEC. 2. DEFINITIONS.**

5       In this Act:

6           (1)    HEALTH PROFESSIONAL SHORTAGE  
7   AREA.—The term “health professional shortage  
8   area” means a health professional shortage area des-  
9   gnated under section 332 of the Public Health Serv-  
10   ice Act (42 U.S.C. 254e).

11          (2) INDIAN TRIBE.—The term “Indian tribe”  
12   has the meaning given the term in section 4 of the  
13   Indian Self-Determination and Education Assistance  
14   Act (25 U.S.C. 5304).

15          (3) MEDICALLY UNDERSERVED AREA.—The  
16   term “medically underserved area” has the meaning  
17   given the term “medically underserved community”  
18   in section 799B of the Public Health Service Act  
19   (42 U.S.C. 295p).

20          (4) MEDICALLY UNDERSERVED POPULATION.—  
21   The term “medically underserved population” has  
22   the meaning given the term in section 330(b) of the  
23   Public Health Service Act (42 U.S.C. 254b(b)).

24          (5) NATIVE AMERICANS.—The term “Native  
25   Americans” has the meaning given the term in sec-  
26   tion 736 of the Public Health Service Act (42

1 U.S.C. 293) and includes Indian tribes and tribal or-  
2 ganizations.

3 (6) SECRETARY.—The term “Secretary” means  
4 the Secretary of Health and Human Services.

5 (7) TECHNOLOGY-ENABLED COLLABORATIVE  
6 LEARNING AND CAPACITY BUILDING MODEL.—The  
7 term “technology-enabled collaborative learning and  
8 capacity building model” means a distance health  
9 education model that connects specialists with mul-  
10 tiple other health care professionals through simulta-  
11 neous interactive videoconferencing for the purpose  
12 of facilitating case-based learning, disseminating  
13 best practices, and evaluating outcomes.

14 (8) TRIBAL ORGANIZATION.—The term “tribal  
15 organization” has the meaning given the term in  
16 section 4 of the Indian Self-Determination and Edu-  
17 cation Assistance Act (25 U.S.C. 5304).

18 **SEC. 3. EXAMINATION AND REPORT ON TECHNOLOGY-EN-**  
19 **ABLED COLLABORATIVE LEARNING AND CA-**  
20 **PACITY BUILDING MODELS.**

21 (a) EXAMINATION.—

22 (1) IN GENERAL.—The Secretary shall examine  
23 technology-enabled collaborative learning and capac-  
24 ity building models and their impact on—

(A) addressing mental and substance use disorders, chronic diseases and conditions, prenatal and maternal health, pediatric care, pain management, and palliative care;

(B) addressing health care workforce issues, such as specialty care shortages and primary care workforce recruitment, retention, and support for lifelong learning;

(C) the implementation of public health programs, including those related to disease prevention, infectious disease outbreaks, and public health surveillance;

(D) the delivery of health care services in rural areas, frontier areas, health professional shortage areas, and medically underserved areas, and to medically underserved populations and Native Americans; and

(E) addressing other issues the Secretary determines appropriate.

25 (b) REPORT.—

1                             (1) IN GENERAL.—Not later than 2 years after  
2                             the date of enactment of this Act, the Secretary  
3                             shall submit to the Committee on Health, Edu-  
4                             cation, Labor, and Pensions of the Senate and the  
5                             Committee on Energy and Commerce of the House  
6                             of Representatives, and post on the appropriate  
7                             website of the Department of Health and Human  
8                             Services, a report based on the examination under  
9                             subsection (a).

10                           (2) CONTENTS.—The report required under  
11                             paragraph (1) shall include findings from the exam-  
12                             ination under subsection (a) and each of the fol-  
13                             lowing:

14                                 (A) An analysis of—

15                                     (i) the use and integration of tech-  
16                                     nology-enabled collaborative learning and  
17                                     capacity building models by health care  
18                                     providers;

19                                     (ii) the impact of such models on  
20                                     health care provider retention, including in  
21                                     health professional shortage areas in the  
22                                     States and communities in which such  
23                                     models have been adopted;

24                                     (iii) the impact of such models on the  
25                                     quality of, and access to, care for patients

1           in the States and communities in which  
2           such models have been adopted;

3               (iv) the barriers faced by health care  
4           providers, States, and communities in  
5           adopting such models;

6               (v) the impact of such models on the  
7           ability of local health care providers and  
8           specialists to practice to the full extent of  
9           their education, training, and licensure, in-  
10          cluding the effects on patient wait times  
11          for specialty care; and

12               (vi) efficient and effective practices  
13          used by States and communities that have  
14          adopted such models, including potential  
15          cost-effectiveness of such models.

16               (B) A list of such models that have been  
17          funded by the Secretary in the 5 years imme-  
18          diately preceding such report, including the  
19          Federal programs that have provided funding  
20          for such models.

21               (C) Recommendations to reduce barriers  
22          for using and integrating such models, and op-  
23          portunities to improve adoption of, and support  
24          for, such models as appropriate.

1                             (D) Opportunities for increased adoption  
2                             of such models into programs of the Depart-  
3                             ment of Health and Human Services that are  
4                             in existence as of the report.

5                             (E) Recommendations regarding the role  
6                             of such models in continuing medical education  
7                             and lifelong learning, including the role of aca-  
8                             demic medical centers, provider organizations,  
9                             and community providers in such education and  
10                          lifelong learning.

Passed the Senate November 29, 2016.

Attest:

JULIE E. ADAMS,

*Secretary.*